

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Western Reception Diagnostic & Correctional Center (WRDCC)			
Custody Level	C 1-5	Warden	Ryan Crews
Total Acreage	158 (Approx.)	Address	3401 Faraon St.
Acreage w/in Perimeter	71 (Approx.)		St. Joseph, MO 64506
Square Footage	All Buildings – 720,000	Telephone:	816-387-2158
Year Opened	1999	Fax:	816-387-2217
Operational Capacity/Count (as of December 31, 2013)	1980/2017		
General Population Beds (capacity and count as of December 31, 2013)	752/694	Deputy Warden	Heath Spackler
Segregation Beds (capacity and count as of December 31, 2013)	136/87	Deputy Warden	Sherie Korneman
Treatment Beds (capacity and count as of December 31, 2013)	645/620	Asst. Warden	Nancy Alldredge
Work Cadre Beds (capacity and count as of December 31, 2013)	None	Asst. Warden	Richard Stepanek
Diagnostic Beds (capacity and count as of December 31, 2013)	496/616	Major	Chris Brewer
Protective Custody Beds (capacity and count as of December 31, 2013)	None		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?

Average

What capital improvement projects do you foresee at this facility over the next six years?

- 1. Replace roof on Powerhouse - started but not completed*
- 2. Replace security system - started but not completed*
- 3. Renovation of Housing Unit #10, J-wing - scheduled for January 2104*
- 4. Replace roofing on Canteen building, Training Building, Laundry Building, and Recreation Weight Room Building*
- 5. Replacement of 2 large washing machines*
- 6. Remove/demolition of Progress Hall.*
- 7. Upgrade Training Building plumbing/electrical/classrooms/HVAC.*
- 8. Upgrade electrical system in Housing Unit #1.*
- 9. Repair concrete at entrance drive and seal/repair asphalt parking lot*

- b. How critical do you believe those projects are to the long-term sustainability of this facility?

Very critical.

2. Staffing:

- a. Do you have any critical staff shortages?

Vacancies: 4 COII's, 2 COIII's, 1 Cook II, 1 Cook III, 1 PPSIII, 3 Labor Supervisors; 1 PPSI, 1 OSA-K, 2 SACI/II's

Corrections Officers and Cook positions are always hard to fill because very few applicants are on the register. In my opinion due to staffing levels, each vacancy would be critical.

- b. What is your average vacancy rate for all staff and for custody staff only?

There is an average vacancy rate for all staff of 11.62% and 12.53% for custody staff.

- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?

Yes, the accrual/usage of compensatory time presents a daily challenge to custody supervisors to minimize accrual and to ensure compensatory time reduction occurs in a manner which ensures adequate daily staffing while accommodating staff requests for leave.

- d. What is the process for assigning overtime to staff?

The vast majority of overtime accrued is the result of holidays. The earned overtime is primarily accrued in areas such as transportation runs. All other overtime accrued by staff is assigned first by requesting volunteers and then by assignment based on seniority if no volunteers are found.

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off?

For Corrections Officer I and II staff, approximately 44% of the comp-time accrued is paid off and the remaining 56% is retained or used. Other staff do not receive comp time payouts and must use it as time off.

- f. Is staff able to utilize accrued comp-time when they choose?

Every effort is made to accommodate staff requests. In most cases, staff utilize accrued compensatory time on dates of their choice based on the needs of the facility.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?

- *Education for General Population has 60 students which accounts for approximately 3% of the of general population offenders.*
- *In our treatment program, we had about 170 offenders participating in GED classes on a part time basis which accounts for 28.6 % of treatment offenders.*

- b. How many (and %) of inmate students earn their GED each year in this institution?

So far in 2013 there have been 30 (approx 2%) successful GED completions.

- c. What are some of the problems faced by offenders who enroll in education programs?

Some of the issues offenders may experience which makes education a challenge includes:

- *There is a limited access to needed materials.*
- *The process to take the test takes awhile.*

- *There are specific guidelines that the Education Department must meet before students get to test.*
- *There is a time lag for students to take GED Test after they have qualified.*
- *There must be a minimum amount of students that are qualified to set up a test.*
- *It can take awhile to get scores back after taking the GED Test. Thus, there is a time lag to fill seats.*
- *There is a large amount of students that are not able to be in class because there are only two teachers.*
- *Students are leaving at a rapid rate so there is not enough time to complete the Education process. They are only in class a limited amount of time before parole, release, transfer, etc.*

4. Substance Abuse Services:

- What substance abuse treatment or education programs does this institution have?
WRDCC has treatment programs run Division of Offender Services and Gateway, a contract provider. The following programs are offered.
 - *GED Classes*
 - *180-OUT, Offenders Under Treatment, 6 Month Program*
 - *BSAP, Board Ordered 6 Month Program*
 - *120-Day Treatment, Court and Board Ordered*
 - *MO Post Conviction Treatment (MPCT)*
 - *84 Day Parole Violator Treatment*
 - *120-Day Court Ordered Detention Sanction Program (CODS)*
 - *Partial Day Treatment Program*
- How many beds are allocated to those programs?
 - *BSAP, Board Ordered 6 Month Program (Gateway) - 135*
 - *180-OUT, Offenders Under Treatment, 6 Month Program (DORS) – 45*
 - *120-Day Treatment (Gateway) – 140*
 - *120 Day/Post Conviction/Parole Violator/CODS (DORS)-275*
 - *Partial Day Treatment Program (Gateway) - 50*
- How many offenders do those programs serve each year?
 - *BSAP, Board Ordered 6 mo. Program (Gateway) – 292 (July 2012 to July 2013)*
 - *180-OUT, Offenders Under Treatment, 6 mo. Program (DORS) – 537*
 - *120-Day Treatment (DORS)-1821*
 - *120-Day Treatment (Gateway) – 592*
 - *Intermediate Treatment Program (Gateway) – 292*
 - *MO Post Conviction Treatment (DORS)-267*
 - *84 Day Parole Violator – 1170*
 - *CODS – 138*
- What percent of offenders successfully complete those programs?
 - *BSAP, Board Ordered 6 mo. Program (Gateway) - 88%*
 - *120-Day Treatment (Gateway) - 93%*
 - *120-Day Treatment (DORS) – 99%*
 - *180-OUT, Offenders Under Treatment, 6 mo. Program (DORS) – 95%*
 - *Intermediate Treatment Program (Gateway) - 88%*
 - *MO Post Conviction Treatment (DORS) – 97%*

- *84 Day Parole Violator – 94%*
- *CODS – 98%*

- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?

Establishing a level of trust to deal with issues of the clients' former lifestyles. Breaking through the denial of the seriousness of a client's substance abuse/dependency and criminal lifestyle is a task. Management of the MH-3 / MH-4 clients and dual diagnosed offenders. It is also difficult to work with some of the offenders with numerous medical restrictions and lay-ins due to their limitations. We make every effort to work with these offenders to the best of our ability; however, many times it is difficult to get them all of the services they really need while they are in the prison setting. The biggest challenge at this time is receiving a higher number of disruptive and challenging offenders than in the previous years. We appear to be getting higher custody level offenders with a more violent past. Also, consistency among staff is also a huge challenge. It is often difficult to get all of the staff on the same page and keeping it continually consistent due to constant changes.

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution?

WRDCC does not have any vocational programming

- b. How many offenders (and %) participate in these programs each year?

N/A

- c. Do the programs lead to the award of a certificate?

N/A

- d. Do you offer any training related to computer skills?

No

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?

None

- b. How many (and %) of offenders work for MVE at this site?

None

- c. Who are the customers for those products?

N/A

- d. What skills are the offenders gaining to help them when released back to the community?

N/A

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care?

Yes

- b. How many offenders are seen in chronic care clinics?

Approximately 230 a month are for routine chronic care visits by either nursing or physician.

- c. What are some examples of common medical conditions seen in the medical unit?
Back pain, knee pain, headaches, allergies, toothache.
- d. What are you doing to provide health education to offenders?
Offenders are educated during nurse/doctor sick call appointments regarding their illness, they are educated during chronic care visits regarding their disease process, there are education sheets located in the medical units for offenders to take for information, and there is an annual health fair for the offenders.
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?
No active cases of TB have been identified in the facility.
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain.
Yes, there are more chronic care offenders being seen and more patients being placed in infirmaries and extended care units.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?
Upon arrival at WRDCC R&D unit, every offender responds to questions on an Intake Mental Health Screening form completed by a medical nurse. Offenders arriving with verified psychotropic medication have an immediate face to face evaluation with a Qualified Mental Health Professional (QMHP). A QMHP is a Missouri Licensed Psychologist, Counselor, or Social Worker. There is a suicide risk potential that also provides an immediate face to face evaluation.

In the medical screening room, there is a large copy of a Medical Service Request (MSR). During the Mental Health Intake, offenders are again educated on the MSR process. The Mental Health Intake is a structured clinical interview that determines Mental Health Level and need of services. The Intake is conducted between day 5 & 14 of the Diagnostic process.

The Referral and Screening Note (RSN) may be completed and submitted by any staff member, which again results in an individual encounter with a QMHP. All QMHP's have a caseload of Mental Health 3 offenders and also to handle emergency services, as needed in their assigned housing units. In the evenings and on weekends and holidays, QMHP's rotate on-call to ensure 24 hour coverage for all offenders.

Staff in various housing units refer offenders to a variety of Mental Health groups ranging from Adjustment to Incarceration, Anger Management and Trauma Groups.

- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?
There have been no completed suicides since WRDCC opened in 1999. There is close communication between DOC staff and Mental Health, with a very proactive approach

regarding intervention. All WRDCC staff attend CORE training yearly. Suicide Prevention training includes information and education including risk factors.

Mental Health now have 9 single camera cells which are monitored by custody not less than 4 times an hour. We also have access to 2 additional camera cells in the TCU. QMHP's have daily contact with the Offender to evaluate the level of risk and supervision needed with custody providing timely and relevant information by documentation in the chronology file, as well as informing mental health of their observations to assist in modifications for the offenders on suicide watch.

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? 418 (20.27%)

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?

Those (MH 4) offenders in the diagnostic center are seen weekly to monitor stability/symptoms of mental illness. They are also referred, as criteria applies, to the Social Rehabilitation Unit (SRU) at FCC, The Special Needs Unit (SNU) at PCC, or the Secure Social Rehabilitation Unit (SSRU) at JCCC.

Offenders who are at risk in general population due to mental illness can be placed on Close Observation pending transfer or assimilation to general population with symptom management.

Offenders with acute psychiatric symptoms that meet criteria as an imminent risk of harm to self and/or others and other criteria may be referred by the psychiatrist for a Due Process and Involuntary Medication Hearing. This has occurred 2 times this year due to the more chronic and severely mentally ill population we receive.

All offenders with a Mental Health diagnosis participate in the creation of an Individual Treatment Plan to identify problems and goals. These offenders are placed in Mental Health Chronic Care, 361 at this time. These offenders meet with a QMHP at least once a month and sooner if needed. They have regular appointments with a staff psychiatrist and a psychiatric nurse.

WRDCC has also been chosen as one of 3 diagnostic centers to participate in a new sentencing statute for several mentally ill offenders with a 120 Mental Health Treatment Program in conjunction with Department of Mental Health, Jackson County and Probation and Parole.

9. What is your greatest challenge in managing this institution?

The most challenging part is the overall management of the facility's workforce and the aging physical condition of many of the facility's buildings. Given the budgetary constraints and staffing reductions it is increasingly challenging to ensure appropriate maintenance of infrastructure and necessary staffing for adequate monitoring of all institutional functions. This can have an impact on staffs' working conditions and overall morale.

10. What is your greatest asset to assist you in managing this institution?

The staff are the greatest asset, followed by the support provided by the Division's executive staff. The facility's executive staff, section heads, and shift commanders continue to make it possible to manage the institution in a safe and effective manner.

11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)

<i>Fleet Vehicles</i>	<i>Mileage as of 12/1/13</i>		
<u>8 Crown Vic.</u>	<u>Mileage</u>	<u>Year</u>	<u>Status</u>
13-0010	90,165	2007	Inmate Trans.
13-0025	73,599	2007	Inmate Trans.
13-0332	75,217	2007	Inmate Trans.
13-0352	166,088	2003	PV
13-0396	83,305	2006	Inmate Trans.
13-0705	142,753	2004	PV
13-0724	79,490	1998	Specialty Squad
13-0792	69,914	2008	Inmate Trans.
<u>5 Max Vans</u>			
13-0268	111,010	2006	Inmate Trans.
13-0278	158,520	2007	Inmate Trans.
13-0346	154,617	1997	Inmate Trans. Handicap
13-0394	173,357	2006	Inmate Trans.
13-0730	65,702	1998	Specialty Squad
<u>1 Bus</u>			
13-0372	169,002	2009	Inmate Trans.
<u>3 Mini Vans</u>			
13-0675	144,471	2008	Inmate Trans.
13-0677	157,489	2008	Inmate Trans.
32-0259	156,295	2008	Inmate Trans.
<u>4 Impalas</u>			
13-0233	104,063	2008	Pool
13-0239	106,476	2008	Pool
13-0242	103,235	2008	Pool
13-0246	104,357	2008	Pool
<u>1 Suburban</u>			
13-0707	46,950	1999	Specialty Squad

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **(Please have the Major answer)**

I would say that it would be an accurate assessment to say that Custody Staff Morale is Medium to Low. Based upon my observations (tours, security checks, meetings, etc) I have assessed the morale of the WRDCC Custody staff and the breakdown is as follows:

Administration - Medium:

The majority of the Custody staff are pleased with the current Administrative Staff. Those I have spoken to have indicated that they feel that the Wardens and Chief of Custody are "actively"

taking their concerns into consideration and are willing to discuss with the individuals if they have questions.

Working Conditions - Medium to Low: There are continuous reports that staff feel that the staffing plan for this institution falls short in order to accomplish the various tasks, programs that this facility offers. This is also taking into consideration that the facility is still undergoing the security upgrade.

Benefits / Salary - Low: The general consensus of the staff (All ranks) is that the salary is substandard for the jobs they are completing. When staff discuss the salary for Missouri employees compared to the other 49 states some are disheartened.

Because of the staff's work ethics and their support / desire to work for the Administrative Staff at the facility it would be a ranked Medium; however, take that away and most staff look at this career as little more than a "job" where coming in and going through the motions is all that they are compensated for.

13. Caseworkers:

A. How many caseworkers are assigned to this institution?

- ***Housing Unit #1(Treatment) - 4 Corrections Case Managers , 1 Corrections Classification Assistant***
- ***Housing Unit #6 (Transitional Housing Unit and Work Release) - 6 Corrections Case Managers, 1 Corrections Classification Assistant, 1 Institutional Activity Coordinator***
- ***Housing Unit #10 (Diagnostic Center) - 1- Corrections Case Manager III , 7- Corrections Case Managers***
- ***Housing Unit #10 (Administrative Segregation) - 3- Corrections Case Managers***
- ***Housing Unit #11(General Population) - 6 – Corrections Case Managers, 1 - Corrections Classification Assistant***
- ***Grievance Office - 1 Corrections Case Manager***

B. Do you currently have any caseworker vacancies?

No

C. Do the caseworkers accumulate comp-time?

Yes, but we encourage the use of flex scheduling to avoid accumulation of any overtime.

D. Do the caseworkers at this institution work alternative schedules?

No.

E. How do inmates gain access to meet with caseworkers?

Through an open-door policy, by submitting written request, or by being placed on a call-out list.

F. Average caseload size per caseworker?

Approximately 71 Offenders to 1 Caseworker.

- # of disciplinary hearings per month?
 - ***Housing Unit #1 – 153.27 monthly average***

- *Housing Unit #6 – 110.63 monthly average*
- *Housing Unit #10 – 156.09 monthly average*
- *Housing Unit #11 – 157.81 monthly average*
- # of IRR's and grievances per month?
 - *Housing Unit #10 – 48.5 monthly average*
 - *Housing Unit #1 – 6.5 monthly average*
 - *Housing Unit #6 – 22.9 monthly average*
 - *Housing Unit #11 – 31.4 monthly average*
 - *Grievances (entire facility) – 45.3 monthly average*
 - *1,162 Total IRRs for 2013*
 - *498 Total Grievances for 2013*
- # of transfers written per month?
 - *Housing Unit #1 – 4.6 monthly average*
 - *Housing Unit #6 – 18.1 monthly average*
 - *Housing Unit #11 – 17 monthly average*
 - *Housing Unit #10 - averages 0 (Transfers do not include those offenders sent out of the Diagnostic Center to other facilities; only transfers written and submitted to Central Transfer Authority.)*
- # of re-classification analysis (RCA's) per month?
 - *Housing Unit #1 – 33.3 monthly average*
 - *Housing Unit #6 – 74.5 monthly average*
 - *Housing Unit #11 – 30 monthly average*
 - *Housing Unit #10 - 271.7 RCA's/ICA's monthly average (This includes diagnostic offenders)*

G. Are there any services that you believe caseworkers should be providing, but are not providing?
No

H. If so, what are the barriers that prevent caseworkers from delivering these services? *N/A*

I. What type of inmate programs/classes are the caseworkers at this institution involved in?
Pathways to Change, Impact of Crime on Victims Class, Inside Out Dads, Anger Management.

J. What other duties are assigned to caseworkers at this institution?
Notary services, classification file reviews, process all visiting forms, process death and critical illness notices, make all housing and job assignments, case management team member, Offender External Classification, TAP (Transitional Accountability Plans), contacting outside agencies for referral services, possible enemy/protective custody investigations, order supplies and maintain inventory for housing units, back-up for custody staff, searches and counts, attend mandatory meetings (Medical, Fire/Safety), provide daily counseling to offenders, diagnostic processing, PREA risk assessments, offender orientation, process offender order forms, escort offenders to video court, process applications for offender work release and fill in as acting Functional Unit Manager when needed. Required to obtain 30 hours of training per year.

14. Institutional Probation and Parole officers:

A. How many parole officers are assigned to this institution?

13

B. Do you currently have any staff shortages?

No

C. Do the parole officers accumulate comp-time?

No

D. Do the parole officers at this institution flex their time, work alternative schedules?

Yes, in lieu of comp time.

E. How do inmates gain access to meet with parole officers?

Open door, callouts, and written correspondence

F. Average caseload size per parole officer? **150+**

- # of pre-parole hearing reports per month? **120**
- # of community placement reports per month? **35**
- # of investigation requests per month? **200**

G. Are there any services that you believe parole officers should be providing, but are not providing?

No

H. If so, what are the barriers that prevent officers from delivering these services?

N/A

I. What type of inmate programs/classes are the parole officers at this institution involved in?

Orientation, Pre-Release, Anger Management, Offenders Offering Alternatives.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.

I would mention that the last few years have been difficult for corrections, as I am sure it has been for many other agencies. Staffing reductions have impacted workload and budget cuts have made it difficult to replace aging equipment or appropriately complete building maintenance, all of which impacts working conditions and morale. Salaries and benefits are also big concerns for staff. The price of consumer products and durable goods has gone up; however, there has only been modest cost of living increases in the last few years. An increasingly higher number of staff are faced with the decision to change their standard of living or find part time employment. Changes to benefit plans over the years have also increased out of pocket expenses, adding to the financial challenges staff are experiencing. Although this has not changed the last two years, there is still a degree of anxiety about the future. Many have left State service for higher paying positions and/or better benefits in order to support their families. This results in staffing shortages which can be difficult to overcome due to the aforementioned reduced staffing. All of this compounds the struggles we face with the recruitment and retention of skilled staff.

16. Does your institution have saturation housing? If so, how many beds?

Housing Unit #10 has 286 saturation/temporary beds.

17. Radio/Battery Needs:

- a.** What is the number of radios in working condition? **430**
- b.** Do you have an adequate supply of batteries with a good life expectancy? **Yes**
- c.** Are the conditioners/rechargers in good working order? **Yes**